

2-14-8

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7590 11/14/2007

Craig J Arnold
Amster Rothstein & Ebenstein
90 Park Avenue
New York, NY 10016

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(Depositor's name)	(Signature)
EV800503605US	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/526,261	03/01/2005	Marinus Gerardus Johannus Van Beuningen	65959/49	6973

TITLE OF INVENTION: NOVEL INTEGRATED MICROARRAY ANALYSIS

02/14/2008 ATRINH1 00000010 10526261

81 EC:1501
82 FC:1504

1440.00 OP
300.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/14/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
MARTINELL, JAMES	1634	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Amster, Rothstein and
Ebenstein LLP

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
PanGene B.V.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Den Bosch, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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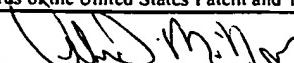
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 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-1785 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date February 13, 2008

Typed or printed name Alan D. Miller

Registration No. 42,889

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